



Account Number \_\_\_\_\_

# CITY OF WILLIAMSBURG

Judy Nightengale Fuqua, Commissioner of Revenue

PO Box 245, Williamsburg, Virginia 23187

(757) 220-6150 / Fax (757) 220-6139

## CONTRACTOR LICENSE APPLICATION

NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

\*Secs.59.1-69 thru 76 of the State Code requires that any person, partnership or corporation transacting business under an assumed name shall sign a certificate giving the name under which such business is to be conducted and the names of each person owning the same with their represtive post office and residence addresses. The certificate must be filed in the office of the Clerk of the Court in the county or city wherein the business is to be conducted.

MAILING ADDRESS \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS PHONE (      ) \_\_\_\_\_

PROJECT START DATE \_\_\_\_\_

LOCATION OF PROJECT \_\_\_\_\_

CONTRACTOR STATE REGISTRATION NUMBER \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

PROJECT VALUE IN CITY \_\_\_\_\_

TYPE OF OWNERSHIP: ☐ INDIVIDUAL    ☐ PARTNERSHIP    ☐ CORPORATION

DECLARATION: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Office Use Only

License Code \_\_\_\_\_ Amount of License \_\_\_\_\_ Issue Date \_\_\_\_\_

Paid ☐ Check No. \_\_\_\_\_

To Be Billed ☐ Statement Mailed \_\_\_\_\_